

AUTOMATIC PAYMENT AUTHORIZATION FORM

NOTE: Check with your Payee to ensure no other information or specific form is necessary to complete the change of your automatic payment to your new bank account or debit/credit card account. If this form is acceptable, complete the information below and provide it to your Payee.

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Account Number: _____

Payment Type: _____

Please change the account used for Automatic Payment to my new account:

Last Name _____ First Name _____ Middle _____

Address _____

City _____ State _____ Zip Code _____

Phone number (Day) _____ Social Security # _____

My New Account Information:

Account Type: Checking Savings

Account Number: _____ Routing Number/ABA #211370888

OR

Card Type: Debit Card Credit card

Card Number: _____ Expiration Date: _____

I hereby authorize _____ (payee/company name) to initiate payment from my Winchester Savings Bank Account indicated above and to make any necessary adjustments for any debit made to my account in error. This authority shall remain in effect until I have given written notice to terminate this service.

Signature _____ Date _____

For checking accounts, please attach a preprinted voided check from your new account to this form and provide it to your payee.